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SPECIAL TREATMENT OF PHTHISIS PULMONALIS.

BY PROF. J. H. BENNETT, M.D., EDINBURGH.

UNDER the head of general treatment of phthisis pulmonalis, I have pointed out the means of meeting the three indications which should never be lost sight of in this disease. But every case requires a special treatment in addition, which will depend on the unusual severity of this or that symptom, or the existence of peculiar complications. It is to the undue importance given to this special, as distinguished from the general treatment, that I attribute much of that want of success experienced by practitioners. Thus it is by no means uncommon to meet with patients who are taking at the same time a mixture containing squills and ipecacuanha to relieve the cough; an anodyne draught to cause sleep and diminish irritability; a mixture containing catechu, gallic acid, tannin or other astringents, to check diarrhœa; acetate of lead and opium pills to diminish hæmoptysis; sulphuric acid drops to relieve the sweating; and cod-liver oil in addition. I have seen many persons taking all these medicines and several others at one time, with a mass of bottles and boxes at the bed-side sufficient to furnish an apothecary's shop, without its ever suggesting itself apparently to the practitioner, that the stomach drenched with so many nauseating things is thereby prevented from performing its healthy functions. In many cases there can be little doubt that this treatment of symptoms, with a view to their palliation, whilst it destroys all hope of cure, ultimately fails to relieve even the particular functional derangement to which it is directed. Still these symptoms require attention; but their causes, and the means required for their relief, will be best understood by speaking of each in succession.

Loss of Appetite and Anorexia.—These are the most constant and important symptoms of phthisis, inasmuch as they interfere more than any other with the nutritive processes. If food, or its substitute, cod-liver oil, cannot be taken and digested, it is vain to hope for amelioration in any of the essential symptoms of the disease. Here I must guard you from making a mistake, into which the inexperienced are very liable to fall. Nothing is more common than for phthisical patients to tell their medical attendants that their appetite is good, and that they eat plentifully, when more careful inquiry proves that the consumption of

food is altogether inadequate, and that they loathe all kinds of animal diet. You should never be satisfied with general statements, but determine the kind and amount of food taken, when you will be at no loss to discover, in the vast majority of cases, sufficient proof of the derangement of the appetite and digestive powers formerly alluded to. Very commonly, also, you will discover acid and other unpleasant tastes in the mouth. In all such cases, especially if too much medicine has been already given, you should allow the stomach to repose itself before giving anything, even cod-liver oil. Sweet milk with toasted bread, and small portions of meat nicely cooked, so as to tempt the capricious appetite, should be tried. Then ten drops of the sp. ammon. aromat., given every four hours in a wine-glassful of some bitter infusion, such as that of columbo or gentian, with a little tr. aurantii, tr. cardamomi, or other carminative. In this way the stomach often regains its tone, food is taken better, and then you may try cod-liver oil, first in teaspoonful doses, cautiously increased. Should this plan succeed, you will be almost sure to observe amelioration in the symptoms.

Nausea and Vomiting.—Not unfrequently the stomach is still more deranged; there is a feeling of nausea and even vomiting on taking food. In the later stages of phthisis, vomiting is also sometimes occasioned by violence of the cough, and the propagation of reflex actions, by means of the par vagum, to the stomach. In the former case, the sickness is to be alleviated by carefully avoiding all those substances which are likely to occasion a nauseating effect, not overloading the stomach, and allowing it to have repose. I have found the following mixture very effectual in checking the vomiting in phthisis. R. Naphthæ medicinalis, ʒj.; tr. cardamomi comp., ʒj.; mist. camphoræ, ʒ vij. M. fit. mist. Of which a tablespoonful may be taken every four hours. When it depends on the cough, those remedies advised for that symptom should be given.

Diarrhœa.—This is a very common symptom throughout the whole progress of phthisis, at first depending on the excess of acidity in the alimentary canal, to which we have alluded, but in advanced cases connected with tubercular deposition and ulceration in the intestinal glands. The best method of checking this troublesome symptom is by improving the quality and amount of the food. The moment the digestive processes are renovated, this, with the other functional derangements of the alimentary canal, will disappear. Hence, at an early period we should avoid large doses of opium, gallic acid, tannin, and other powerful astringents, and depend upon the mildest remedies of this class, such as chalk with aromatic confection, or an antacid, such as a few grains of carbonate of potash. When, on the other hand, in advanced phthisis, continued diarrhœa appears, and is obstinate under such treatment, then it may be presumed that tubercular disease of the intestine is present, and the stronger astringents with opium may be given as palliatives.

Cough and Expectoration.—At first the cough in phthisis is dry and hacking. When tubercle softens or bronchitis is present, it becomes moist and more prolonged. When excavations exist, it is hollow and reverberating. In every case cough is a spasmodic action, occasioned by

exciting the branches of the pneumogastric nerves, and causing simultaneous reflex movements in the bronchial tubes and muscles of the chest. The expectoration following dry cough is at first scanty and muco-purulent, afterwards copious and purulent. When it assumes the nummular form—that is, occurs in viscid rounded masses, swimming in scanty clear mucus, it is generally brought up from pulmonary excavations. The accumulation of the sputum in the bronchial tubes is an excitor of cough; and hence the latter symptom is often best combated by those means which diminish the amount of sputum. When, on the other hand, the cough is dry, those remedies should be used which diminish the sensibility of the nerves. In the first case, the amount of mucus and pus formed will materially depend on the weakness of the body and the onward progress of the tubercle. Hence good nourishment and attending to the digestive functions is the best method of checking both the cough and expectoration; whereas giving nauseating mixtures of ipecacuanha and squills is perhaps the worst treatment that can be employed. There is no point which experience has rendered me more certain of, than that, however you may palliate these symptoms by cough and anodyne remedies, you thereby render the stomach intolerant of food, and so impede the curative tendency of the disease. On the other hand, nothing is more remarkable than the spontaneous cessation of the cough and expectoration on the restoration of the digestive functions and improvement in nutrition. When the cough is dry, as may occur in the first stage, with crude tubercle, and in the last stage with dry cavities, counter-irritation is the best remedy, employed in various forms. Opium may palliate, but never cures.

Hæmoptysis.—This symptom sometimes appears suddenly in individuals in whom there has been no previous suspicion of phthisis, and in whom, on careful examination, no physical signs of the disease can be detected. On other occasions, the sputum may be more or less streaked with blood; and lastly, it may occur in the advanced stage of the disease, apparently from ulceration of a tolerably large vessel. In all these cases the best remedy is perfect quietude, and avoidance of every kind of excitement, bodily and mental. Astringents have been recommended, especially acetate of lead and opium; but how these remedies can operate, I am at a loss to understand; and I have never seen a case in which their administration was unequivocally useful. I have now met with several cases where supposed pulmonary hemorrhage really originated in follicular disease of the pharynx or larynx, and which, with the supposed phthisical symptoms, were removed by the use of the probang and nitrate of silver solution.

Sweating I regard as a symptom of weakness, and therefore as a common, though by no means a special, one in phthisis. Here, again, the truly curative treatment will consist in renovating the nutritive processes, and adding strength to the economy. It will always be observed, that if cod-liver oil and good diet produce their beneficial effect, then the sweating, together with the cough and expectoration, ceases. On the other hand, giving acid drops to relieve this symptom, as is the common practice, by adding to the already acid state of the alimentary canal,

is directly opposed to the digestion of the fatty principles which require assimilation.

Cancer of the Lung, Thyroid Body, and Lymphatic Glands of the Neck; Bronchitis.

Margaret Stewart, a cook, æt. 60, admitted into the clinical ward July 16, 1851. For some years back she has been subject to a short dry cough, which has never been troublesome except after cooking a larger dinner than usual. With the exception of an attack of diarrhœa when the cholera was prevalent, she has been more or less constipated. Has never suffered from epistaxis or other form of hemorrhage. Four weeks ago she first perceived a swelling in the neck, which, commencing in front, has gradually spread towards the right side. Latterly her breathing has become short and hurried; her strength has decreased, and the cough has been accompanied by considerable expectoration. On admission, the neck presents a prominent indurated swelling anteriorly, measuring about four inches in diameter, evidently owing to enlargement of the thyroid body. A chain of enlarged glands extends from the anterior swelling round the right side of the neck, a little beyond the ear. She complains of great weakness, constant sweating at night, and cough with copious frothy expectoration. The chest is everywhere resonant on percussion. There are loud sonorous and moist râles heard over the whole chest, especially posteriorly and inferiorly. The vocal resonance is also unusually loud, but equal on both sides. The tongue is furred, dark brown in the centre, deglutition difficult, apparently from pressure of the enlarged cervical glands. The appetite is bad, with an acid taste in the mouth. Other functions properly performed. She continued in this condition for several days, during which iodine and counter-irritants were applied to the neck, and expectorants and antispasmodics taken internally to relieve the cough. The dyspnœa, however, gradually increased; deglutition became more difficult, and her strength diminished. On the 30th of July the urine was ascertained to contain albumen, which had previously not existed. She died without a struggle, August 5th.

Sectio Cadaveris, Aug. 17th.—Body greatly emaciated.

Neck.—On dissecting the integuments from the neck on the right side, a considerable number of glands, about the size of a barley-corn and small pea, were observed in clusters between the platysma myoides and the sterno-mastoid muscle. A hard tumor existed in front of the neck, stretching along the whole front of the trachea, and over the great vessels on either side beneath the sterno-mastoid muscles, and posteriorly on the right side, as far back as the transverse processes of the vertebræ, and down beneath the clavicle to the anterior surface of the first rib, where it was firmly adherent to the periosteum. A prolongation of the tumor, about the size of two walnuts, passed beneath the sternum at its upper end, being attached to its periosteum. This prolongation on section presented the outline of a congeries of enlarged lymphatic glands, having a white appearance, in some places soft, and even diffluent and yielding on pressure a copious milky cancerous juice.

Chest.—There were lax adhesions at various points on the pleura on both sides. The pleural cavities contained a little fluid on the right side, amounting to about five ounces. At the lower part of the left lung, and also at the back part of right lung, there was a small amount of recent membranous exudation. A multitude of small cancerous nodules were scattered throughout the whole of both lungs. Some were immediately below the pleuræ, and some in the substance of the organs. For the most part these masses were scattered pretty equally, being as numerous at the base as at the apex, and varying from the size of a millet seed to that of a small walnut. Some were of firm consistence and others soft and friable, presenting various degrees of induration. They all on pressure yielded a copious milky juice. The mucous membrane of the bronchi was of a mahogany color, and the tubes more or less filled with muco-purulent matter.

Abdominal organs healthy.

Microscopic Examination.—The cancerous juice squeezed from the cervical glands, and the nodules scattered throughout the lungs, contained numerous cancer-cells, which it is unnecessary to describe minutely here. Associated with these were a considerable number of round colorless corpuscles, varying in diameter from the one hundred and fiftieth to the one hundredth of a millimetre in diameter. An unusual number of these cells also existed in the blood, as was determined both before and after death.

Commentary.—Cancer of the lung may occur in two distinct forms: 1st, That of disseminated nodules; 2d, That of infiltrated masses. In the former case there are no physical signs, or functional symptoms, which indicate the presence of cancer; in the latter there are unusual dulness, and resistence on percussion, increased vocal resonance and tubular breathing, or diminished respiration, according to the density and extent of the cancerous infiltration. If with these signs there be indications of the existence of cancer in other parts of the body, there will be little difficulty in forming the diagnosis; and even should this be absent, the history of the case, advanced period of life, and the non-existence of moist rattles will, in the majority of cases, be sufficient.

In the case before us, the chest was frequently examined with great care, and was ascertained to be everywhere resonant on percussion. Loud sonorous and moist râles were heard on both sides, especially posteriorly and inferiorly. Hence there were all the signs of bronchitis, which was found afterwards to exist; but there was associated with them unusually loud vocal resonance, equal on both sides. It occurred to me at the time that this sign was merely indicative of diminished volume in the lungs; but, after the dissection, it became manifest that it was owing to increased density of the organs, from the disseminated cancerous nodules. Whether the conjoined signs of augmented or unusual resonance of the lungs, bronchitis, and increased vocal resonance, will prove diagnostic in such cases, further experience only can determine. Doubtless it will always be difficult to separate such signs, dependent on nodular cancer, from those connected with collapse of the lung, which Dr. Gairdner has shown to be so common a result of chronic bronchitis.

Edinburgh Monthly Medical Journal.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—The letters which I propose to translate made their appearance in Paris during the last year. The conciseness and clearness of M. Ricord's views upon the important subject of venereal diseases, as shown in these familiar epistles, caused them to have a wide and ready circulation in France. I have thought that a translation of them would be equally well received in this country, as well as everything coming from the pen of this great master. Your Journal, in which you have kindly permitted them to appear, will insure them a wide circulation.

Boston, July, 1852. Respectfully yours, D. D. S.

LETTERS UPON SYPHILIS,

Addressed to the Editor of L'Union Medicale, by P. Ricord. Translated from the French by D. D. Slade, M.D, Boston, and communicated for the Boston Med. and Surg. Jour.

FIRST LETTER.

My Dear Friend,—The modern doctrine upon syphilis meets the lot of every scientific discovery. For nearly twenty years I have sought by teachings and by my works to infuse this doctrine into the minds of my cotemporaries. I see, however, that it is not equally understood by all the world; certain adversaries still raise objections, which I have refuted a hundred times; and more curious still, certain others take up objections started by myself, and imagine, a little ingenuously, perhaps, to subdue me by arguments which I have introduced into this discussion. At this I am neither astonished nor indignant. I find in it, on the contrary, a new incentive to continue my task, and far from complaining of my adversaries, I shall thank them rather for not suffering my zeal to languish, by thus keeping it awakened. Therefore, I ask of you permission to give to the world, through the columns of your widely-spread Journal, the true doctrines of the "Hopital du Midi." I ought to tell you that it is more a general exposition, that I intend to make, than a special reply. Upon my path I shall meet with objections, and I shall try to answer them. I shall preoccupy myself also as far as I ought, with a recent publication from the pen of one of our fellow-laborers, who to find followers had no need of going to seek them modestly "en Province." I present to you, my dear friend, a preliminary reflection induced by the publication of which I have just made mention. Although it is not given to an observer to see all the facts of one entire department of pathology, and to establish a general system, we must not conclude that this observer has not seen, done or established anything that his studies and his researches ought to be regarded as useless, and that we ought to hold his teachings as nothing.

This manner of philosophizing in medicine, perhaps a little too common at the present day, is convenient and expeditious, but it is neither true nor just. In syphilography especially, this manner of proceeding would lead to deplorable errors. A serious study of our art demands more moderation in language, more justice in appreciation. For myself, I am pleased to recognize and to say, that far from disdaining everything in syphilographic literature, those who know how to search for them can find worthy and curious observations, good precepts, even sometimes doctrinal

whims which, in discrediting their source, no one thinks worthy to exhume. Certainly the long discussions upon mercury, guaiacum, sarsaparilla, are not entirely void of utility. Light can be thrown upon the history of blenorrhagia by the observations of those who have preceded us. Without doubt the spirit of charlatanism and of speculation have left too frequent traces of their passage, but you will find often the marks of judicious minds, of a true scientific tendency, and praiseworthy efforts to arrive at a classification and a doctrine. These works, if they had no other interest than that of giving the ideas and opinions of past times, would not merit the disdain, in my opinion unjust, which some have wished to throw upon them. I shall say the same of modern observers. The critic, I know and I think to have proved it, finds frequent opportunities to exercise himself upon their works. But is that saying that we should hold them of no account? Far from me this unjust thought. On the contrary I hold in great estimation the works of Bell, of J. Hunter, and of Swediaur; the time has come to render complete justice to Cullerier, to M. Lagneau especially, whose reputation was legitimately popular, in fine to all those industrious and intelligent laborers in our science who by conscientious studies have with difficulty opened the road in which we can march more freely. Would I be unjust towards my cotemporaries? Heaven forbid, dear friend. Whatever may be our differences, it is with pleasure and spontaneously that I render the most sincere homage to the works of MM. Baumes, Gibert, Cazenave, Cullerier neveu, Bottex, Ratier, Puche, Diday, Reynaud, Payan, Lafont Gouzi, Venot, in France; of Wallace, Carmichael, Babington, and of my pupils Acton and Meric in England; Thiry, Herion, in Belgium; to the remarkable publications of laborious Germany and industrious Italy. I do not feel any sentiments of injustice or of hatred either towards the past or towards the present. You will excuse me from declaring this very distinctly before entering upon my subject. I explicitly say that I do not partake in any way the opinion of those unreasonable critics to whom ancient and modern syphilographic literature is but trash unworthy of attention. I believe, on the contrary, that this branch of pathology is as fertile as any other in useful works and in valuable researches. However, the labors of ancients and moderns could not preserve this portion of our science from the general revolution brought upon medicine by the physiological doctrine. The school of Broussais, in blotting out the past, had again questioned everything. Was there a syphilitic virus? The virole, did it exist? You know how physiologism resolved these questions. The greatest confusion reigned in the science, and was introduced into the publications of the times. Doubt was everywhere, certainty nowhere. It was at this time, that having become by "Concours" surgeon of the central bureau of hospitals, chance caused me to enter the hospital "du Midi." There I encountered a man, honest and loyal, a practitioner earnest and strict, M. Cullerier, who abandoning the traditions of family, so to speak, took upon himself to doubt his own observations, and appeared no longer to believe in that which he had seen. Everywhere doubt had taken the place of belief. The cause of syphilis was doubted, its

effects also, and, in consequence, its therapeutics. And remark, that which they called the modern doctrine was presented surrounded by much scientific display. M. Richond des Brus had written an enormous book filled entirely with facts; M. Desruelles supported new ideas upon statistics, which passed for being indisputable; all exerted themselves from the desire to combat the speciality of the disease, and the remedy. History was made to contribute largely by a very learned writer of our century, who in one of the most remarkable works of our time amused himself with taking the observers "corps à corps," and placing them in opposition with themselves. An easy triumph, if the critic, in a severe and partial analysis, does not know how to establish a marked difference between the author's own ideas, those which result from his researches from his own observations, and those which he draws from the scientific medicine of his day. The former are useful materials and worthy of preservation, the latter constitute the prejudices of the epoch, and have no historical value. Jourdan did not make this distinction; it sufficed for him to combat the speciality of syphilis, to show the confusion in the contradictory opinion of our predecessors, and this he did with a profuseness of learning which would have been extolled in a sounder critic.

Such, then, was the state of minds and of science when I entered the Hospital "du Midi." For some there was a destroyed edifice to rebuild; for others, at least, it was to be consolidated. That which was especially necessary was to take up again the study of the cause of syphilis. Is there a special cause, a virus? or do venereal accidents spring from a common cause? For this research and study, two modes of investigation were offered to me. The first was the simple observation of phenomena, that observation which our predecessors had practised, and which had conducted them to opinions so different; to observation similar to that of Devergie, analogous to facts already reported by Vigaroux, by Bugny, &c.; to that observation, for example, relative to three officers, who had connection with the same young female suffering from a discharge, and who all three found themselves infected, the one with an urethritis, the second with a chancre, and the third with vegetations. It is true that Devergie has deprived history of a slight information—that of the precise state in which he found this young woman, whom he had not examined with the speculum. Evidently this mode of investigation was worn out, and could only conduct to barrenness or confusion of results. The second mode satisfied my mind better; in other respects it was more in conformity with the demands of modern science; it seemed to me to open a sure way to study, and to conduct to incontestable results. I mean experimentation. I proposed to myself the following obligations: To follow the cause of syphilis to a known source; to place it upon a region visible and easy to observe; to note the effects.

You see, experimentation alone could fill these conditions. But already experimentation had been consulted, and through it contradictory conclusions had been arrived at. When J. Hunter said yes—Carru, Bru, Jourdan, Devergie and M. Desruelles said no. To what could

such different conclusions be owing, after the employment of the same method of investigation. I did not know then, but I have learned since. That which my reason convinced me then, was that experimentation, well and accurately made, ought to conduct to precise results, and that the differences of experimenters should not discourage me. These researches were difficult and delicate. Conviction was necessary, and, I say it also, courage, to undertake them. It was necessary to be sure of thoroughly appreciating the conditions in which I was about to act; it was necessary to aid myself by antecedent experimentations; it was especially necessary to support myself upon the purity of my intentions, and upon the testimony of my conscience. I was not contented, in fact, with the great name of Hunter, with the experimenters cited by Bell, with the work of Hernandez, although crowned by the Academy of Besançon; with the authority of Percy, and other great names as recommendable; but I wished to study the question in itself, to place myself in the condition of a true inventor, in order to take upon myself all the responsibility of the results.

How was it necessary to proceed to this experimentation? I could inoculate a healthy individual from a patient. I could experiment upon the patient himself. The first mode, that is the inoculation of a healthy individual from a patient, appeared to me one that should be always be rejected by the physician. I do not think that we have the right to make such experiments. Not only the physician cannot make use of his natural authority to induce an individual to undergo experiments of this nature, but I think that the physician ought to resist against the wishes of those, who seduced by a generous devotion, wish to voluntarily expose themselves to the risk of experimentation. I do not cast any blame upon those who have acted differently. I repeat, only, that, for me, I did not wish to proceed in this way.

The experimentation upon the patient himself remained—would this offer inconveniences and dangers for the patient? In case it did not, would it conduct to conclusive results? Here is what history, observation, and experience learned me in this respect. It was generally admitted that a first contagion would not prevent a second, and the old proverb of "virole sur virole" had yet all its authority. We know today what this means. As to the inconveniencies and the dangers, we see every day that it is rare that the primary accidents are isolated, that they multiply themselves with great rapidity, and that, to speak explicitly, the gravity of the disease is not in relation to the number of these accidents. Thus, to throw light upon such an important question of etiology and of practice, art could, without inconvenience, do that which nature constantly does. A much more important question presented itself here. The grave and consecutive accidents of infection being feared, ought they to be in accordance with the number of primitive lesions. Strict observation, and the clinical observation of all times, has proved and proves every day, that the constitutional virole is not in ratio with the number of primitive accidents, *existing at the same time and developed at the same epoch.* One accident more does not add any more chance of infection—*if we know how to direct the experimentation.*

The question of surface remained, to know if an extensive ulceration exposes more to a general infection than an ulceration of small size. Well, here again observation has shown that a more or less extent of primitive ulceration has no influence upon the production of consecutive accidents. A very small chancre exposes just as much to a general infection as a very extensive one; and, *vice versa*, a large ulceration exposes neither more nor less than a small one. In fine, the question of the seat of the ulceration remained, of the place of election for experimental inoculations. It had been said by Boerhaave, among others, that venereal accidents contracted in other ways than by the genital organs, presented a very great gravity; but clinical observation proved to me, and it has shown me since, that this opinion was erroneous. I well know that upon this point a great noise has been made of diseases contracted by physicians, by midwives, in consequence of examinations, of wounds, &c. There are very good reasons, but I do not wish to point them out here, why these accidents should give rise to a great commotion. What I can say without injuring any rules of propriety, is, that the men of art to whom these accidents happen, have no motive to conceal them, while common people attacked by syphilis have always strong motives to keep quiet.

I rested, then, convinced that the seat of the ulceration could have no unfavorable influence upon the production of consecutive accidents, but even that it could diminish or annihilate certain grave consequences, such as the production of buboes. Thus observation had already proved that the primary chancres of the thigh were almost never followed by enlarged glands, and in fact in my numerous experiments, I have never seen enlarged glands follow from the punctures of inoculation upon the thigh.

Thus, my dear friend, by history, by clinical observation of all times, by experimenters who had preceded me, by the testimony of my own conscience strictly interrogated, I arrived at this encouraging conclusion. In experimenting upon the patient himself I did not communicate another disease. I did not increase the gravity of the accident by which he was already attacked. I did not expose him more to the chances of a consecutive infection.

These first and capital conditions being ascertained, it was necessary to search out those which offered to science and art all the guarantees to be desired. An explanation upon this point will be the subject of my second letter. Yours, &c. RICORD.

CHRONIC ARTHRITICUS.

[Communicated for the Boston Medical and Surgical Journal.]

THERE is a species of chronic rheumatism, not consequent upon an acute and well-marked fibrous attack; of long duration and extremely harassing from its frequent recurrence and the pain and distortion it entails. Not unfrequently wandering neuric pains (rheumatismus spurius nervosus) are mistaken for arthriticus and myostitis. In the chro-

nic form referred to, the disorder commences perhaps by painful sensations in the limbs, often first perceived on becoming warm in bed. For some time these vague pains are not severe enough to produce much uneasiness of long continuance. Gradually, perhaps not until the next cold season, the discomfort returns in sufficient severity to require alleviative treatment. The pain is augmented by pressure, though friction sometimes palliates it. External warmth rather aggravates than relieves. An inconsiderable degree of pyrexia is present, indicating the relationship with the acute form of rheumatism, though the fever is often so slightly marked as to escape observation, or is attributed to other causes. Rest, low diet and an aperient or ptisane are sufficient for recovery, and the individual is relieved from the disorder for a time.

The attack in this form is charged, perhaps, to a cold or other light derangement. Subsequently the disorder re-appears in a sharper seizure, and after the lapse of a considerable period, often years, expends itself upon the smaller joints, usually the articulations of the fingers. A dull and tensive pain, not easily relieved, commences about the metacarpophalangeal arthroses. The jointache never becomes as poignant as in acute rheumatism, but Dr. Warren's prescription of "six weeks" fails to remove it. There is slight superficial redness without fever, and though the pain is remitting there is no complete abatement for many days. Then the dolor mordax intermits, and slight desquamation ensues. One hand is first seized, and after a varying interval the other participates in the disorder.

Ultimately distortion ensues; the phalanges are inflected laterally, and towards the ulnar side of the hand; so much so that the point of the index finger is directed towards the last metacarpal bone when closed. The fingers are not all affected at once, but successively and by gradual extension and intensity. The obliquity can be removed without pain, but is immediately resumed when the resistance is withdrawn. There is no power to restore the rectitude of the digits by their own muscles. The doigts du pied do not escape, though the distortion is not so obvious from their less length and the not infrequent cramped condition of the toes when undisturbed by disease. But the pain and difficulty of motion show plainly that they are implicated. Probably there is little tendency to arthritic pericarditis in the malady, and it may be said "*affert minus periculi quam doloris.*" The principal topical lesions are distortion and ganglionic nodes, apparently not deep seated and periosteal, but in the fibrous structures.

It is a rational hypothesis that there is some esoteric dynamic poison, exercising an elective affinity and seeking out and alighting upon its own congenial locality, which in its final position is made apparent by the articular derangement. The conclusion depends upon a rational adoption of humorism. The blood affording a vehicle for the transmission of the virus, it is attracted to the place of deposit in a manner analogous to the deposition of the nutritious particles destined for the construction or the instauration of the constituent cells of the various tissues. The morbific material of gout has its accustomed rendezvous, and the palsy produced by lead elects the extensor muscles of the fore-

arm. The invasion of symmetrical portions of the body favors this view. The virus, after saturating the affinity found in its first lodgement, passes to the corresponding member and counter part position and expends its excess.

The treatment, which is mostly palliative, consists in iatraleptic applications, stimulant, emollient or anodyne. E. SANFORD.

July 10th, 1852.

EXPULSION OF TAPE-WORM BY PUMPKIN SEEDS.

[Communicated for the Boston Medical and Surgical Journal.]

HAVING recently had an opportunity to administer the remedy for tape-worm recommended in the Journal for October, 8, 1851, I take the liberty to send you a brief account of its operation.

The patient, an adult, had taken several weeks since, by direction of a physician, some extract of male fern followed by castor oil, which expelled about four feet of worm, together with a number of fragments. The remedy was repeated, but no further benefit was obtained.

There being sufficient evidence, however, that the difficulty was not overcome, I determined, as the case fell under my charge, to try the pumpkin seed orgeat, which was prepared and administered as follows: Six ounces of common pumpkin seeds were thoroughly bruised in a mortar, without removing the outer shells, and a sufficient quantity of water was added to afford by straining and expression one pint of liquid. At 6 o'clock, A.M., the patient took one half of the liquid, or orgeat, and in two hours after half an ounce of castor oil. A slight movement of the bowels followed, with a few fragments of the worm. At 10 o'clock, half an ounce more of oil was given, the abdomen was rubbed with sulph. ether and cold water was directed to be used freely. No food to be taken until after the operation. At 12 o'clock the bowels were evacuated, and an entire worm discharged, eight feet and seven inches in length.

Although the patient is quite feeble from the effects of pulmonary and hepatic disease, no inconvenience has resulted from the remedy.

Rochester, N. Y., July 13, 1852. W. W. ELY.

A CASE OF INFANTILE ERYSIPELAS.

BY J. KELLY, M.D., ESPERANCE, N. Y.

[Communicated for the Boston Medical and Surgical Journal.]

A SON of R. K., of Rotterdam, Schenectady Co., 4 months old, had from birth some degree of inflammation at the navel; or, as we might call it, a sore, probably made worse by irritating applications.

May 12.—Dr. S. was called. He found the child's skin and cellular membrane of the abdomen much inflamed; the inflammation extending from the umbilicus to the side, rather descending; the appear-

ance evidently showing it to be of an erysipelatous character. Incisions were made to arrest it, and ammoniacal preparations were ordered for a wash.

14th.—The complaint had appeared to extend to the scrotum. So, in fact, the disease extended from the umbilicus to the scrotum, which appeared livid and rather dark-colored. Vesicles showed themselves on more than half its surface; pulse feeble and intermitting; extremities cold; aspect ghastly. Ordered discutient applications, and rhei and magnesia xv. grs. to move the bowels.

15th.—Ordered castor oil; applications continued.

16th.—The child very low. Administered cordials and quinine, and pulv. Dover. at night.

18th.—Ordered Peruvian bark poultice to scrotum.

19th.—Bark poultice continued, with charcoal and yeast. Gave sulph. quinia dissolved in cinnamon water, which was continued for many days, with laxative enemas. More than half of the scrotum became gangrenous; in twenty-four hours a line of demarcation was observed, and in three or four days it separated, leaving the testis bare, with the septum destroyed. Healthy granulations soon appeared. At this time slippery-elm bark poultice, with yeast, was applied and continued. The parts were frequently moistened with oleum olivæ, and washed with diluted pyroligneous acid.

June 7.—Adhesive straps were applied to the parts, which were nearly healed.

The testes are probably uninjured, the gangrene not having got hold of them to destroy their vitality, and the child was thus saved from becoming an eunuch. The child soon became healthy.

July 2, 1852.

FOREIGN SUBSTANCE IN THE TRACHEA.

[Communicated for the Boston Medical and Surgical Journal.]

I was summoned in haste on Monday, May 17th, to Ephraim W. Myers, a child 3¾ years of age, who was suffering, the messenger informed me, from an attack of convulsions. On my arrival I found him in severe apparent distress, with cough, pallid surface, accelerated respiration, pulse 160. There were no convulsive movements, the child was perfectly conscious. He was suffering from a severe attack of pneumonia, as an examination of the chest at once revealed. I immediately gave a cathartic, and followed with small quantities of hydrarg. chlo. mit., ipecac. and digitalis every two hours. A blister was also applied to the chest.

I learned from the family the following history of the case. On the 7th of May, ten days previous to my first visit, the boy came home from school in great distress. His story was, that a boy threw him down as he was returning from school with something in his mouth, and the substance immediately choked him. A physician was called in, and, notwithstanding the state of the boy, who was unusually intelligent, pro-

nounced it a case of *croup*. The patient had a severe convulsive cough, great anxiety, with danger of suffocation, and much difficulty both in inspiration and expiration. About ten hours after the attack the symptoms were *suddenly relieved* while swallowing a dose of castor oil. The next day he was pronounced better, and the four succeeding days was quite comfortable, playing about the house. There were, however, evening exacerbations of fever, respiration, &c. On Wednesday, the fifth day from the attack, Dr. Geo. Heaton, a friend of the family, was called, and after an investigation of the case inclined to the opinion that some foreign body had entered the air-passages. The child was suffering from bronchial irritation, and he prescribed an expectorant mixture. Dr. H. saw the child again on Saturday, the eighth day after the attack. He appeared bright and playful, very much improved since the last visit. On Monday, the tenth day, I was called, as stated above. The history of the case left little doubt in my mind of the true nature of the first attack, and I had little hesitation in concurring with the opinion entertained by Dr. Heaton. It seemed quite apparent that some foreign body must have lodged in the larynx during those ten hours of *croup*; and that it had become dislodged and passed down the trachea when the patient experienced sudden relief.

It is needless to detail the case from day to day. Every effort was made to relieve the little patient, but his sufferings could merely be palliated. The paroxysms of cough for the most part were not violent and convulsive. There were no peculiar symptoms to fix with precision the location of the foreign body. The most apparent difficulty of breathing throughout the disease was in expiration. Inspiration was comparatively easy and natural. The number of respirations did not at any time exceed 60 per minute.

On the 5th of June, twenty-nine days from the first attack, he was supposed to be dying. I was called and found him suffering with most intense dyspnœa, face and limbs livid, coughing violently and discharging from the lungs large quantities of very offensive pus. Relief was obtained temporarily, but for the next three days he continued to suffer from paroxysms of the same character but of less intensity.

On the morning of Tuesday, June 8th, thirty-two days from the first attack, I visited him and found him apparently as comfortable as on the previous day. While I was present a severe attack of coughing came on, with intense dyspnœa and a profuse discharge of matter through the nose and mouth. The dyspnœa rapidly increased, and in a very few moments life was terminated.

Six hours after death an examination was made. The mucous membrane of the larynx and trachea was thickened, and its vessels congested. The left lung was bound down by firm and extensive adhesions. The lower lobe of the left lung was in a state of gangrene. From six to eight ounces of offensive putrid pus was discharged from the lungs during the examination. The pericardium contained a large quantity of serum. Upon dividing the trachea there was found, about one eighth of an inch beyond the bifurcation, lodged in the *left* bronchus, a large *prune stone*, measuring one inch in circumference and three fourths of an inch in

length. It was quite firmly impacted, and the moisture had not apparently affected it. There was scarcely space to pass a probe down either side of it. Everywhere in the vicinity of the seat of this body the bronchial tube was increased to many times its natural thickness.

It seems hardly credible that a body of that size could enter the larynx of so young a child without immediate suffocation. Nothing but its peculiar conformation, admitting air between its flattened sides and the bronchial walls, could have prevented such an occurrence.

JOHN S. H. FOGG, M.D.

305 *Broadway, South Boston, July*, 1852.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 21, 1852.

Polypi of the Larynx.—Within a few weeks a work has been received, written by Horace Green, M.D., of the New York Medical College, which treats of *polypi of the larynx and œdema of the glottis.* We have a distinct recollection of the attacks upon the author, when he gave the public the results of his researches and practice upon diseases of the throat, some years ago. Like all ungenerous acts, instead of injuring Dr. Green, as his opposers intended, it produced the contrary effect. His name has been wafted over the world, and his professional success must long since have been as lucrative and as distinguished as any man's ambition could desire. We are impressed with the practical value of the present publication. Diseases of the throat are exceedingly numerous in this section of the country. Under these circumstances, practitioners will seize with avidity upon this guide to practice. It is not our intention to do more at present than to announce the book—hoping for such critical comments from gentlemen who may practise upon its precepts, as the importance of the volume obviously demands. We will merely add, that in the first and second chapters there is a history of polypi of the larynx, which abounds in detailed cases of great interest. The very literature of laryngeal polypi is there also. Chapter III. embraces morbid growths of the organ, with instructive illustrations; chapter IV., diagnosis; V., treatment of polypus of the larynx; and in chapter VI. we are presented with a learned dissertation on *œdema glottidis*, with memorable cases. A few lithographic illustrations are appended, indicating to the eye where to look for polypi, excrescences, &c. There are but one hundred and twenty-four octavo pages, and therefore the expense of purchasing is a mere trifle compared with the intrinsic worth of the matter. We shall return to the consideration of Dr. Green's labors.

Contributions to Experimental Philosophy. — A thin pamphlet, by that boldest and most original of physiological inquirers, Bennett Dowler, M.D., of New Orleans, has recently been published, in which are recorded experiments, showing that the ligation of the trachea, the division of the spinal cord in the cervical and dorsal regions, the removal of the viscera, the destruction of ganglions and plexuses of the sympathetic nerve, &c. &c., do

not prevent intelligence, sensation, or motions which are accurate in design and perfect in execution. In short, the investigations instituted by this gentleman, overturn the whole fabric of modern physiology, without giving us a bridge to stand upon. Vivisection has made far bolder strides, under the eye of Dr. Dowler, than at any epoch in the French Schools. Dogs and rabbits were considered sufficient in Paris, but when the alligator was put upon the table, new laws were discovered, old theories exploded, and phenomena noted that are not yet comprehended. Extracts from the published researches of Dr. Dowler are far preferable to comments; and a few will therefore be hereafter given by way of illustration.

Geneva Medical College. — Giving farewell lectures is about as difficult as manufacturing a fourth of July oration. So many have been delivered, that there is actual danger of repeating sentiments already stale from the frequency of their appearance, or re-exhibiting old ideas on a new occasion. Dr. Lee, however, has a versatility of talent, equal to all emergencies. He never tires himself or fatigues an audience, which is a rare quality in a public man. On the 22d of June, the annual commencement of Geneva College, he addressed the graduates, feelingly and appropriately. They published the discourse, and we say they did well in thus honoring the Professor. We gather the following statistical items from the 23d page. "Eighteen courses of lectures have been given at Geneva since the organization of the College. The average number of students each year, has been 108, and the whole number 1,917; of whom 469 have graduated doctors in medicine. Upon an average, from ten to fifteen thousand dollars are annually discharged in the village by medical students, which, in eighteen years, has amounted to $200,000.

Belmont Medical Society.—Former comments on the transactions of this association, express our present views, viz., that it is a pattern institution. The practitioners of the county of Belmont, Ohio, as we understand the organization, are individually industrious in a legitimate way. Each one contributes something of practical value; and, at proper and convenient periods, the results of their combined efforts are published. In 1851–2, their accumulations, just published, are particularly instructive. Besides an inaugural address by the President, Isaac Hoover, M.D., there are essays on Scarlatina, Hydrastis Canadensis, and Laryngeo-Tracheitis. Cases and reports follow, abounding in bright thoughts and profitable suggestions.

Journal of Organic and Med. Chemistry.—Wm. Elmer, M.D., and A. D. Hendrieson, a dentist, have commenced a new and valuable periodical, with the above name, to be published monthly, at New York. Both the design and the speciman number meet our warm approval. We regret that the enterprise had not its origin in Boston. Medical Chemistry has been shamefully neglected, and that circumstance should lead to substantial patronage of the new Journal, which merits extensive encouragement.

Medical Science in Canada.—A call was made on the profession to meet at Toronto on the first of July, for the purpose of taking into consideration the low state of medical practice in Canada. Some remedy is contem-

plated, but what the few can do with an overwhelming army of irregular practitioners, remains to be seen. The Medical Journal of Montreal honestly confesses that medical matters are in a bad way, the educated men finding it impossible to compete with the ignorant and unprincipled. It is quite probable that the Toronto Convention will petition the Provincial Parliament for the enactment of prohibitory laws, to restrain quacks, and secure the rights of an educated body of physicians and surgeons. In the United States, where any privileges were secured to the medical profession, they have either been repealed or absolutely neglected, so that irregular practitioners have every facility their ambition may covet; and their success and encouragement among those who ought to frown upon them, is a mortifying evidence of the low estimate of too many, in every community, of the claims of a talented, educated, high-minded profession.

Lowell Hospital.—Through the benevolent arrangement of the trustees, the Hospital in the city of Lowell, heretofore exclusively in the occupancy of those factory operatives who chose to avail themselves of the benefits of the institution, is now thrown open to patients for surgical treatment, from all sources. Dr. Kimball is an accomplished, skilful surgeon, whose sphere of usefulness will be greatly enlarged by this judicious decision. Very many from the country will be likely to seek advice and avail themselves of the facilities which Lowell now offers at the Hospital. With such eminent medical talent as Lowell commands, in every branch of medicine, we should not be surprised to learn, by and by, that the Hospital had been strengthened by the appointment of a full board of surgeons and physicians, like the Mass. General Hospital in Boston.

Empire Spring, Saratoga. — For scrofula, dyspepsia, and pulmonary tendencies, this spring is gaining a very high reputation. We strongly urge upon practitioners who are sending their patients to the various watering places, to keep in mind this very important remedy, which nature prepares out of the sight of human eyes, in the deep recesses of the earth, and which is daily gaining in the estimation of the best medical authorities, through the concurrent testimony of invalids themselves. The facilities for reaching Saratoga are unrivalled, the expense comparatively trifling, and the advantages to be gained by valetudinarians of the description here indicated, are of an important character. This is the season to make an effort to arrest the first approaches of these diseases. Those so situated that they cannot leave home, might in many instances advantageously avail themselves of this water in bottles, which is prepared with extreme care, that none of its rare properties may be vitiated or lost. It may be obtained at many of the drug stores in Boston and throughout New England.

Effects of Hydropathy.—A writer in the Shelburne Falls Banner discourses thus on this favorite system of medication:

"It has been my good fortune, since reading the *Water Cure Journal*, of which I am a regular subscriber, to see a sick drake avail himself of the "Cold Water Cure" at the Dispensary near Lamson & Company's saw mill. First, in waddling in, he took a *Foot Bath;* then he took a *Sitting Bath;* and then, turning his curly tail up into the air, and sticking his head

under the water, he took, as Priessnitz would style it, a *Koff Bad.* Lastly, he rose almost upright on his latter end, and made such a triumphant flapping with his wings that I really expected he was going to shout "Water Cure forever!" But no such thing. He only cried, "Quack! quack! quack!"

The Deaf and Dumb, Blind, Insane and Idiotic of the United States.—The Washington National Intelligencer publishes a tabular statement compiled from the Seventh Census, showing the number of deaf and dumb, blind, insane and idiotic persons in the United States. The aggregate of the deaf and dumb persons in the United States is 10,103—of whom 5,231 are white males, 4,519 are white females, 354 colored males, and 280 colored females. The aggregate of blind persons is 9,702—of whom 4,519 are white males, and 3,478 white females. The aggregate of insane persons is 14,768—of whom 7,669 are white males, and 7,456 white females. Of idiotic persons, the aggregate is 25,706—of whom 8,276 are white males, and 6,944 white females. The total aggregate of persons suffering under the afflictions enumerated is 51,279—of whom 46,852 are whites, and 4,427 colored. This would seem to indicate, says the Baltimore American, that the blacks suffer but slightly from those afflictions which are generally considered the most calamitous to which human nature is liable.—*New York Med. Gazette.*

Cholera.—The public press records the appearance and prevalence of Epidemic Cholera, at various places in the southern and western portions of our country, and a recent outbreak on board the steamship Philadelphia, on her passage from the Isthmus to Havana, has increased public anxiety, lest another visitation of the dreaded and fatal pestilence should reach our Atlantic cities. Thus far, however, we have been preserved from the precursors of cholera, though the season is somewhat advanced, except in a few instances, which are looked upon as sporadic. Our safety, so far as second causes are concerned, only lies in the utmost vigilance to guard against those sources of the disease known by past experience to develope it. Temperance in all things, cleanliness, pure air and water, and especial attention to the condition of the poor, who are crowded in unhealthy habitations, and but illy supplied with the comforts of life, are found to be the best preventives. Sanitary measures should not be delayed until the appearaece of the epidemic, but we should bestir ourselves in advance, and thus anticipate the calamity, by preparing against it. In this city we hear very little of such precautions.—*Ibid.*

Poisoning by Oil of Tansy.—By W. W. Ely, M.D., of Rochester, N. Y. The subject of the following painful occurrence, was a respectable young lady, in ordinary health, engaged at the time in teaching school. Having arrived at her menstrual period, she procured what she supposed was the essence of tansy, designing to take it to promote the catamenial discharge. On the morning of August 15, 1836, she took *one teaspoonful* of the medicine, which proved to be *oil of tansy.* From the speedy supervention of alarming symptoms a messenger was sent for me, a distance of two miles. Being unable to attend personally, she was promptly visited by my partner. The oil, however, had operated so energetically and rapidly that on his

arrival nothing seemed likely to be of any avail. and nothing of any consequence was done.

From the record which I made at the time, it appears that she first complained of dizziness and became insensible in about ten minutes—a succession of convulsions supervened, with frothing at the mouth, laborious respiration and irregular pulse, and she died in *one hour and a quarter* after taking the oil.

It may proper to add that another young lady in the family, also took of the medicine at the same time, but vomited very soon, and suffered no inconvenience.—*American Journal of the Med. Sciences.*

External Use of Cod-Liver Oil.—Dr. A. H. David recommends (*Canada Medical Journal*, May, 1852) the cod-liver oil as a local application in various cutaneous affections, and states that after a trial of it in such cases for upwards of two years, he has found it to act almost specifically.

In ringworm of the scalp. Dr. D. says he has used it in more than twenty cases with entire success. Some cases, which had resisted other methods of treatment for weeks, were cured in four or five days.

He has also used it in tinea capitis with equal success; and he cured one case of psoriasis inveterata of three years standing by this application in seven weeks.—*American Jour. of Med. Sciences.*

Medical Miscellany.—Priessnitz is said to have accumulated *four hundred and eighty thousand dollars* in his short career, by the water-cure practice. Beef livers have been noticed to be extensively diseased, in stall-fed cattle. It is well enough to examine them when purchased for cooking, and discard those having abscesses on them.—Brazil is called the paradise of physicians who have been educated according to law. Their privileges are extraordinary, with great prices and sure pay. Druggists are fined fifty mill reis for prescribing medicine for any disease.—Cholera is extending in the neighborhood of Louisville, Kentucky.—Dr. Charles G. Page, the examiner of patents, at Washington, has resigned. He is one of the first experimental philosophers in America. His eminence is not based on repeating what other men have said, but upon what he does himself.—The honorary degree of A.M. was conferred on Prof. James Bryan, M.D., of Philadelphia, by the Princeton College, in Princeton, N. J., June 29th, 1852.

To Correspondents.—The following communications have been received:—Case of Incontinence of Urine; Case of Foreign Body in Knee Joint; Palmer's Artificial Leg; and Wonderful Pills.

Died,—In Lenoxville, Canada, James Mallory, M.D., 66.—In Andover, Mass., Francis Clarke, M.D., 38.—In North Orange, on the 26th day of June last, Dr. A. S. Dean, aged 41 years.—At Washington, D. C., Dr. Dennis Burke, many years assistant surgeon at West Point.

Deaths in Boston—for the week ending Saturday noon, July 17th, 74.—Males, 35—females, 39. Abscess, 2—accidental, 1—disease of bowels, 3—inflammation of bowels, 5—disease of brain, 2—burn, 1—consumption, 12—convulsions, 4—cholera infantum, 1—cancer, 1—croup, 1—diarrhœa, 1—dropsy, 1—dropsy of brain, 5—scarlet fever, 5—bilious fever, 1—gravel, 1—disease of heart, 1—intemperance, 1—infantile, 7—inflammation of the lungs, 2—marasmus, 1—old age, 2—rheumatism, 1—scrofula, 1—spine disease, 1—thrush, 1—teething, 2—tumor, 1—unknown, 4—worms, 2.

Under 5 years, 36—between 5 and 20 years, 8—between 20 and 40 years, 14—between 40 and 60 years, 11—over 60 years, 5. Americans, 22; foreigners and children of foreigners, 52. The above includes 4 deaths at the City institutions.

Coroner's Inquest. — The loose and too often careless manner in which inquests have been held in this city, has frequently excited remark, and occasionally provoked the ridicule of some of our daily prints. Whilst, by consolidation, we have sought to reform many abuses, and to curtail the expenses of the city government, we are not a little surprised that those who advocate economy and a faithful performance of official duty, have not turned their eyes to the enormous profits accruing from Coroner's Inquest. We beg to state, *in limine*, that we deprecate any intention to reflect upon the integrity and motives of the present incumbent; that functionary but travels in the footsteps of those who have preceded him for years, and performs the duties of the office with equal ability and punctuality.

The fees of the Coroner are too high, and it is generally believed that Inquests are often held in cases where the necessity for an inquisition does not exist. For this we do not undertake to censure our highly respectable Coroner; the fees are fixed by law, and like most of us, he charges all that the law allows. The Chief Justice of the Supreme Court receives about one half the pay that accrues from Coroner's Inquest in this city. To discharge the high and responsible duties of the first station, the highest legal attainments are requisite; whereas, the people seem to think any ordinary individual of respectable standing is competent to act as Coroner. Now we maintain, with many others, that a medical man is alone competent to perform the duties of Coroner; indeed, in all large cities, both of this country and Europe, none other than a physician of attainments is ever put forward to this office. [Not quite correct.]

To restrict Coroner's Inquests to their legitimate subjects, a fixed salary—a stipulated sum—should be paid over to that functionary, and that too without regard to the number that may be held in a given time. In the late proceedings of our City Council, we saw it stated that our Coroner had received for Inquests for a single month *seven hundred and fifty dollars.* This would amount to the handsome sum of about nine thousand dollars per annum; a pretty snug job for a hasty inspection of those who die by violence, by drowning, etc. We venture to assert that there are in this city, a number of well-qualified medical men, any of whom would cheerfully undertake to perform the duties of Coroner for the entire city for $2,000 or $2,500 per annum. Let our citizens look into this matter, and in the meantime we shall have more to say on the subject.—*New Orleans Med. and Surg. Journal.*

Memphis Medical College.—Memphis is a growing city, and the citizens of that town have resolved to build up a medical school equal to any in the great West. They have already completed a fine building—endowed and put into operation a commodious Hospital—organized a full Faculty of Medicine—and during the last season received over one hundred and twenty-five students. It is an accessible point at all seasons of the year; and from its locality and the talents of the Professors, we predict a prosperous career to this new school of medicine.—*Ibid.*

The Cholera.—This terrible disease, though not prevailing as an epidemic, is doubtless in our midst. As near as we can ascertain, something over twenty have already died of it in our city, within the last two weeks. Let physicians advise their friends to observe caution as to their articles of diet, regular habits, and "temperance in all things." — *Ohio (Columbus) Med. and Surg. Journal.*